


EPA Identification Number		NPDES Permit Number		Facility Name		Form Approved 03/05/19 OMB No. 2040-0004	
Form 2B NPDES		U.S. Environmental Protection Agency Application for NPDES Permit to Discharge Wastewater CONCENTRATED ANIMAL FEEDING OPERATIONS and CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITIES					
SECTION 1. GENERAL INFORMATION (40 CFR 122.21(l)(1))							
General Information	1.1	Indicate the facility/business type. (Check only one response.) <input type="checkbox"/> CAFO → Complete Sections 1 through 6 and Section 8. <input checked="" type="checkbox"/> CAAP → Complete Sections 1, 7, and 8.					
	1.2	Indicate the operational status of the facility. (Check one.) <input type="checkbox"/> Existing facility <input checked="" type="checkbox"/> Proposed facility					
SECTION 2. CAFO OWNER/OPERATOR CONTACT INFORMATION (40 CFR 122.21(f)(2) and (4) and 122.21(i)(1)(i))							
CAFO Owner/Operator Contact Information	2.1	Owner/Operator Contact					
		Name (first and last)			Title		
		Phone number			Email address		
	2.2	Owner/Operator Mailing Address					
		Street or P.O. box					
		City or town		State		Zip code	
SECTION 3. CAFO LOCATION AND CONTACT INFORMATION (40 CFR 122.21(i)(1)(ii and iii))							
CAFO Location and Contact Information	3.1	CAFO Location and Contact					
		Name					
		Address (street, route number, or other specific identifier)			County		
		City or town		State		Zip code	
		Facility contact name		Phone number		Email address	
	3.2	Latitude/Longitude of Entrance to Production Area (see instructions)					
		Latitude			Longitude		
	° ' "			° ' "			

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CAFO Location and Contact Information Continued	3.3	Integrator Name and Address		
		Name		
		Street address		
		City or town	State	Zip code

SECTION 4. CAFO TOPOGRAPHIC MAP (40 CFR 122.21(i)(1)(iv))

CAFO Topographic Map	4.1	Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)	
		<input type="checkbox"/> Yes → SKIP to Section 5.	<input type="checkbox"/> No

SECTION 5. CAFO CHARACTERISTICS (40 CFR 122.21(i)(1)(v ix))

CAFO Characteristics	5.1	Provide information on the type and number of animals in the table below.					
		Animal Type	Number in Open Confinement	Number Housed Under Roof	Animal Type	Number in Open Confinement	Number Housed Under Roof
		<input type="checkbox"/> Mature dairy cows			<input type="checkbox"/> Sheep or lambs		
		<input type="checkbox"/> Dairy heifers			<input type="checkbox"/> Chickens (broilers)		
		<input type="checkbox"/> Veal calves			<input type="checkbox"/> Chickens (layers)		
		<input type="checkbox"/> Cattle (not dairy or veal calves)			<input type="checkbox"/> Ducks		
		<input type="checkbox"/> Swine (55 lbs. or more)			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Swine (under 55 lbs.)			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Horses			<input type="checkbox"/> Other (specify)		
		<input type="checkbox"/> Turkeys			Total Animals		
	5.2	Indicate the type of containment and storage, total number of days, and total capacity for manure, litter, and process wastewater storage in the table below.					
		Type of Containment and Storage	Total Number of Days	Total Capacity (specify gallons or tons)	Type of Containment and Storage	Total Number of Days	Total Capacity (specify gallons or tons)
		<input type="checkbox"/> Anaerobic lagoon			<input type="checkbox"/> Belowground storage tanks		
		<input type="checkbox"/> Evaporation			<input type="checkbox"/> Roofed storage shed		
		<input type="checkbox"/> Aboveground storage tanks			<input type="checkbox"/> Concrete pad		
<input type="checkbox"/> Storage pond				<input type="checkbox"/> Impervious soil pad			
<input type="checkbox"/> Underfloor pit				<input type="checkbox"/> Other (specify)			
5.3	Indicate the total number of acres drained and collected in the containment and storage structure(s) reported under Item 5.2.						
	_____ acres						

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CAFO Characteristics Continued	Manure, Litter, and/or Process Wastewater Production and Use		
	5.4	How many tons of manure or litter and gallons of process wastewater are generated annually at the CAFO?	
		Manure	tons
		Litter	tons
		Process wastewater	gallons
	5.5	Is manure, litter, and/or process wastewater generated at the CAFO land applied? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.8.	
	5.6	How many acres of land under the control of the applicant are available for applying the CAFO's manure, litter, or process wastewater? _____ acres	
	5.7	Check all land application best management practices that are being implemented. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Buffers <input type="checkbox"/> Setbacks <input type="checkbox"/> Conservation tillage <input type="checkbox"/> Constructed wetlands </div> <div> <input type="checkbox"/> Infiltration field <input type="checkbox"/> Grass filter <input type="checkbox"/> Terrace <input type="checkbox"/> Other (specify) </div> </div>	
	5.8	Is manure, litter, and/or process wastewater transferred to any other persons? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 5.10.	
	5.9	How many tons of manure or litter and gallons of process wastewater, produced by the CAFO, are transferred annually to other people?	
	Manure	tons	
	Litter	tons	
	Process wastewater	gallons	
5.10	Describe alternative use(s) of manure, litter, or process wastewater, if any.		

SECTION 6. CAFO NUTRIENT MANAGEMENT PLANS (40 CFR 122.21(i)(1)(x))

CAFO Nutrient Management Plans	6.1	Has the applicant attached a nutrient management plan that satisfies the requirements at 40 CFR 122.42(e) and, if applicable, the requirements at 40 CFR 412.4(c)? Note: A permit application is not complete until a nutrient management plan is submitted to the NPDES permitting authority. <input type="checkbox"/> Yes → SKIP to Item 6.3. <input type="checkbox"/> No
	6.2	Explain why a nutrient management plan is not attached to the application.
	6.3	Is a nutrient management plan being implemented at the CAFO? <input type="checkbox"/> Yes <input type="checkbox"/> No
	6.4	What was the date of the last review or revision of the nutrient management plan? Date _____

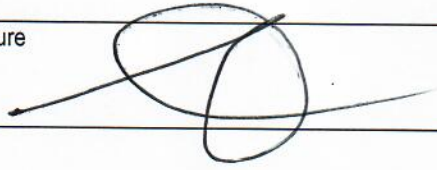
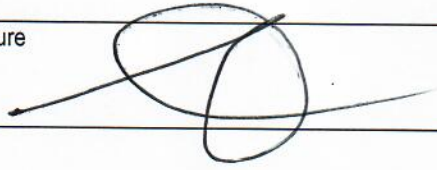
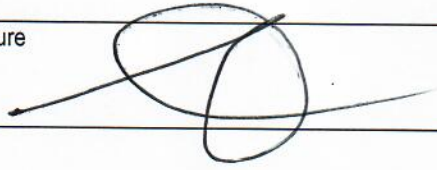
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SECTION 7. CAAP FACILITY CHARACTERISTICS (40 CFR 122.21(i)(2))

CAAP Facility Characteristics	7.1	Is the CAAP facility located on land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 7.3.				
	7.2	Provide the maximum daily and maximum average monthly discharge at CAAP by outfall.				
		Outfall Number	Discharge			
			Maximum Daily Discharge	Maximum Average Monthly Discharge		
			gpd			gpd
			gpd			gpd
			gpd			gpd
	7.3	Indicate the type and number of discharge structures at the CAAP. Provide a brief description of each structure. Also note the name of the receiving water and the source of the intake water for each structure.				
		Structure Type	Number of Each	Description	Receiving Water Name	Source of Intake Water
		Ponds				
		Raceways				
		Net pens				Not applicable
		Submerged cages	40	Submersible Fish Pen	Gulf of Maine	Not applicable
		Similar structures (specify)				
	7.4	List the cold-water and/or warm-water aquatic species raised/produced in the table below. For each species listed, indicate the total yearly and maximum harvestable weight (in pounds).				
	Cold Water Species		Warm Water Species			
	Species	Harvestable Weight		Species	Harvestable Weight	
		Total Yearly	Maximum		Total Yearly	Maximum
	Oncorhynchus Mykiss	26,456,000 lbs.	10,500,000 lbs.		lbs.	lbs.
	Cyclopterus Lumpus	2,645,600 lbs.	1,050,000 lbs.		lbs.	lbs.
		lbs.	lbs.		lbs.	lbs.
		lbs.	lbs.		lbs.	lbs.
7.5	Indicate the calendar month of maximum feeding and the total mass of food fed (in pounds) during that month.					
	Month of Maximum Feeding			Total Mass of Food Fed		
	September			4,850,000 lbs.		

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SECTION 8. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	8.1	In Column 1, below, mark the sections of Form 2B that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert the permitting authority. Note that not all applicants are required to provide attachments.									
		Column 1	Column 2								
		<input checked="" type="checkbox"/> Section 1: General Information	<input type="checkbox"/> w/ attachments								
		<input type="checkbox"/> Section 2: CAFO Owner/Operator Contact Information	<input type="checkbox"/> w/ attachments								
		<input type="checkbox"/> Section 3: CAFO Location and Contact Information	<input type="checkbox"/> w/ attachments								
		<input type="checkbox"/> Section 4: CAFO Topographic Map	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments								
		<input type="checkbox"/> Section 5: CAFO Characteristics	<input type="checkbox"/> w/ attachments								
		<input type="checkbox"/> Section 6: CAFO Nutrient Management Plans	<input type="checkbox"/> w/ nutrient management plan <input type="checkbox"/> w/ attachments								
		<input checked="" type="checkbox"/> Section 7: CAAP Facility Characteristics	<input checked="" type="checkbox"/> w/ attachments								
		<input checked="" type="checkbox"/> Section 8: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments								
	8.2	<p>Certification Statement</p> <p><i>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</i></p> <table border="1"> <tr> <td>Name (print or type first and last name)</td> <td>Official title</td> </tr> <tr> <td>Scott W. Flood</td> <td>Member</td> </tr> <tr> <td>Signature</td> <td>Date signed</td> </tr> <tr> <td></td> <td>1/27/21</td> </tr> </table>		Name (print or type first and last name)	Official title	Scott W. Flood	Member	Signature	Date signed		1/27/21
Name (print or type first and last name)	Official title										
Scott W. Flood	Member										
Signature	Date signed										
	1/27/21										

EPA Form 3510-2B, Block 7.3 Supplement
Blue Water Fisheries, LLC

Layout of One 2x10 Grid of 20 Submersible Fish Pens
(Two 2x10 Grids Are Being Permitted)

(b) (4)

D

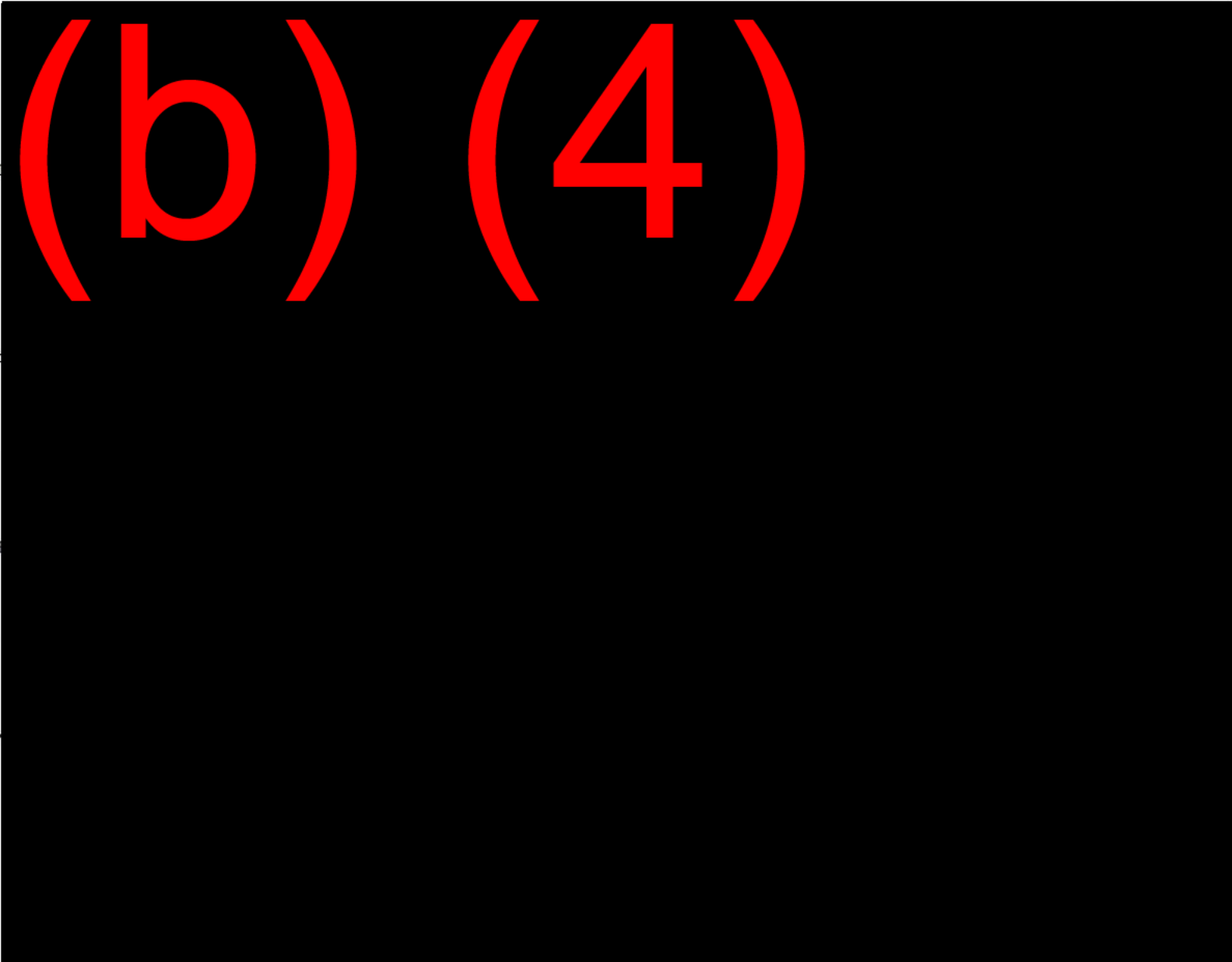
C

B

A

(b) (4)

(b) (4)



(b) (4)

